

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/551977** FILING DATE **4/14/00**

APPLICANT(S)

**CLAIMS**

NUMBER AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3		2		
4		2		
5		2		
6		2		
7		2		
8		2		
9		2		
10	1			
11	1			
12	1			
13				
14	1			
15				
16				
17	1			
18				
19		2		
20		2		
21		2		
22		2		
23				
24		8		
25		0		
26		0		
27		0		
28		0		
29		0		
30		0		
31		0		
32		0		
33		0		
34		0		
35	1			
36	1			
37	1			
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	01			
TOTAL DEP.	39	↔	↔	↔
TOTAL CLAIMS	48			

NUMBER AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				